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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) op 1297(c))		Docket No. SPEC-6137
In Re Application Of: KRUEGER MN 2 9 2003		
Serial No. Filing Date Filing	Examiner	Group Art Unit 3736
Title: BONE MARROW ASPIRATION DEVICE WITH CURVED TIP		
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 01-0485 as described below. A duplicate copy of this sheet is enclosed. Charge the amount of Credit any overpayment. Charge any additional fee required. Certificate of Transmission by Facsimile* Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail Certificate of Mailing by First Class Ma		